

6x2 = 12  
 2x6 = 12  
 2x4 = 20  
 5+4 = 14  
 7x2 = 14  
 1x32 = 32  
 1x5 = 5

MULTIPLE DEPENDENT  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10/554252

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51	1				
2		1					52	1					
3		1					53	1					
4		1					54	1					
5		1					55						
6		1					56						
7		6					57						
8		6					58						
9		1					59						
10		0					60						
11	1						61						
12		1					62						
13		1					63						
14		1					64						
15	1						65						
16		1					66						
17		1					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
23	1						73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		7					80						
31		7					81						
32	(1)						82						
33	1						83						
34	5						84						
35	5						85						
36	5						86						
37	5						87						
38	1						88						
39	1						89						
40	1						90						
41	1						91						
42	1						92						
43	1						93						
44	1						94						
45	1						95						
46	1						96						
47	1						97						
48	2						98						
49	1						99						
50	1						100						
TOTAL IND.							TOTAL IND.	9					
TOTAL DEP.							TOTAL DEP.	85					
TOTAL CLAIMS							TOTAL CLAIMS	98					